

2200 IDS Center 80 South 8th Street Minneapolis MN 55402-2157 tel 612 977 8400 fax 612.977.8650

Received & Inspected

JAN 3 1 2013

**FCC Mail Room** 

January 30, 2013

1.

Matthew A. Slaven (612) 977-8245 mslaven@briggs.com

#### **VIA FEDERAL EXPRESS**

Marlene H. Dortch Secretary Federal Communications Commission Office of the Secretary 9300 Hampton Drive Capitol Heights, MD 20743

In the Matter of Lifeline and Link Up Reform and Modernization

WC Docket 11-42

Dear Ms. Dortch:

Please find enclosed for filing in the above docket pursuant to 47 C.F.R. § 54.416(b) the Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) for the study areas below:

State	SAC	Designated Entity
AL	259029	Cellco Partnership
AR	409003	Cellco Partnership
FL	219903	Alltel Communications, LLC
GA	229004	Alltel Communications, LLC
IA	359010	Midwest Wireless Iowa, LLC
IA	359070	RSA 7 Limited Partnership
IA	359071	Iowa 8 - Monona Limited Partnership
KS	419905	Alltel Communications, LLC
LA	279009	Alltel Communications, LLC
MI	319010/319019	Alltel Communications, LLC
MN	369001	WWC Holding Co., Inc.
MN	369002	Midwest Wireless Communications, LLC
MN	369004	RCC Minnesota, Inc.
MS	289010	Alltel Communications, LLC
MS	289002	Rural Cellular Corporation
NC	239003	Cellco Partnership
ND	389005	Bismarck MSA Limited Partnership
ND	389006	North Central RSA 2 of North Dakota Limited Partnership
ND	389007	Northwest Dakota Cellular of North Dakota Limited
		Partnership
ND	389008	North Dakota RSA No. 3 Limited Partnership

Marlene H. Dortch January 30, 2013 Page 2

ND	389009	Badlands Cellular of North Dakota Limited Partnership
ND	389010	North Dakota 5 - Kidder Limited Partnership
NE	379013	Alltel Communications of Nebraska, Inc.
SD	399018	WWC License LLC
SD	399003	RCC Minnesota, Inc.
TX	449003	WWC Texas RSA Limited Partnership
TX	449034	Alltel Communications, LLC
VA	199014	Cellco Partnership
WI	339017/339023	Alltel Communications, LLC
WI	339016	Wisconsin RSA #3 Limited Partnership
WI	339006	Midwest Wireless Wisconsin, LLC
WV	209008	Alltel Communications, LLC

If you have any questions, please contact me.

Sincerely,

Matthew X. Slaven

MAS/pk Enclosures

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Form 555 November 2012

# FCC Mail Room

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Alabama			
State			
(An Eligible Telecommunications Carrier (ETC) must	t provide a certification form for each state in which it		
provides Lifeline service).			
259029	Cellco Partnership		
Study Area Code(s) (SAC)	ETC Name(s)		
	( )		
Cellco Partnership	Verizon Wireless		
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)		
Trotaing company Numbers	2214 Mandonig of Outer Standing Mando		
Affiliated ETCs (include names and SACs,	A		
attach additional sheets if necessary)	See Attached		
Section 1: All ETCs (Initial the certification that app	olies to your ETC. Depending on the state, both		
certifications may apply).	was to your 21 or 2 sperium g on the state, com		
certifications may apply).			
I certify that the company listed above has certification	on procedures in place to review income and program-based		
eligibility documentation prior to enrolling a custome			
knowledge, the company was presented with document			
	nt in Lifeline. I am an officer of the company named above.		
I am authorized to make this certification for the Stud	I am authorized to make this certification for the Study Area(s) listed above. Initial		
	Ü		
259029			
(List the specific SAC(s) for which you are making th	nis certification if it is not applicable to all of your study		
areas within the state. Attach additional sheets if nece			
<b>y</b>	,,		
AND/OR			
I certify that the company listed above confirms consu	umer eligibility by relying on		
• •	(Please list the program eligibility data sources, such as		
	bility from the state Lifeline administrator and indicate for		
• •	* * * * * * * * * * * * * * * * * * * *		
which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an			
officer of the company named above. I am authorized	to make this certification for the Study Area(s) listed		
above. Initial			

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial W		
A	В	
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers	
757	0	

C	D	E =C-D	F	$\mathbf{G} = (\mathbf{E} + \mathbf{F})$	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
783	560	223	3	226	78

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555 November 2012	
OR	
I certify that my company did not claim federal Low Inco (insert current year). I am an officer of the company nam the Study Area(s) listed above. Initial	
(List the specific SAC(s) for which you are making this careas within the state. Attach additional sheets if necessary	
Section 3: All ETCs (Initial the certification below). I certify that the company listed above is in compliance vofficer of the company named above. I am authorized to above. Initial	
Section 4: Non-Usage Applicable to Certain Pre-Paid E from its Lifeline subscribers)(Record the number of subsbelow).	· · · · · · · · · · · · · · · · · · ·
M	N
141	
Month	Subscribers De-Enrolled for Non-Usage
Month January	
Month January February	
Month January February March	
Month January February March April	
Month January February March April May	
Month January February March April May June	
Month January February March April May June July	
Month January February March April May June July August	
Month January February March April May June July	
Month January February March April May June July August September	
Month January February March April May June July August September October	
Month January February March April May June July August September October November	Subscribers De-Enrolled for Non-Usage
Month January February March April May June July August September October November December	Subscribers De-Enrolled for Non-Usage  Mark R. Smith
Month January February March April May June July August September October November December	Subscribers De-Enrolled for Non-Usage
Month January February March April May June July August September October November December  Signed,  Signature of Officer	Subscribers De-Enrolled for Non-Usage  Mark R. Smith
Month  January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer
Month January February March April May June July August September October November December  Signed,  Signature of Officer	Subscribers De-Enrolled for Non-Usage  Mark R. Smith
Month  January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer

	T 1			
ETC		ntiti	cati	Λn
	IUC		Lali	w

SAC	ETC Name

**Holding Company Name(s)** 

SAC	Holding Company Name

DBA, Marketing or Other Branding Name(s)

SAC	Name

# **Affiliated Wireless ETCs**

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

# **Affiliated Wireline ETCs**

SAC	Name
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

JAN 3 1 2013

Form 555 November 2012

# FCC Mail Room

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Arkansas	
State	
(An Eligible Telecommunications Carrier (ETC)	must provide a certification form for each state in which it
provides Lifeline service).	
409003	Cellco Partnership
Study Area Code(s) (SAC)	ETC Name(s)
Cellco Partnership	Verizon Wireless
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs,	See Attached
attach additional sheets if necessary)	500 Tituonou
Cartier 1. All ETC- (List of the continue of the	TTC D to the last
· · · · · · · · · · · · · · · · · · ·	applies to your ETC. Depending on the state, both
certifications may apply).	
I contify that the common listed shave has contife	notion mesondrums in whose to merious imposure and museum based
	cation procedures in place to review income and program-based
	omer in the Lifeline program, and that, to the best of my
	umentation of each consumer's household income and/or
program-based eligibility prior to his or her enroll	ment in Lifeline. I am an officer of the company named above.
I am authorized to make this certification for the S	Study Area(s) listed above. Initial N
	<u> </u>
409003	
	g this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets if	
areas within the state. Attach additional sneets if	recessury).
AND/OR	
12.2/31	
I certify that the company listed above confirms c	onsumer eligibility by relying on
	am. (Please list the program eligibility data sources, such as
	ligibility from the state Lifeline administrator and indicate for
which auglituing programs (e.g. SNAP SSI) these	
	e sources are used to verify consumer eligibility). I am an
officer of the company named above. I am authori	
	e sources are used to verify consumer eligibility). I am an
officer of the company named above. I am authori	e sources are used to verify consumer eligibility). I am an
officer of the company named above. I am authori	e sources are used to verify consumer eligibility). I am an

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

	•
A	В
	Number of
1	Lines
	Claimed on
Number of	May FCC
Subscribers	Form(s) 497
Claimed on	Provided to
May FCC	Wireline
Form(s) 497	Resellers
4	0

Initial M

C	D	E =C-D	F	$\mathbf{G} = (\mathbf{E} + \mathbf{F})$	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
5	4	1	0	1	0

I	J	K	L
Whose Eligibility was Reviewed By State Administrator or By ETC	Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and	enrolled or Scheduled to be De-Enrolled as a Result of a	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

November 2012	
OR	
I certify that my company did not claim federal Low Inc (insert current year). I am an officer of the company name the Study Area(s) listed above. Initial	· · · · · · · · · · · · · · · · · · ·
(List the specific SAC(s) for which you are making this c areas within the state. Attach additional sheets if necessor	
Section 3: All ETCs (Initial the certification below). I certify that the company listed above is in compliance officer of the company named above. I am authorized to above. Initial	with all federal Lifeline certification procedures. I am an make this certification for the Study Area(s) listed
Section 4: Non-Usage Applicable to Certain Pre-Paid E from its Lifeline subscribers)(Record the number of subsbelow).	ETCs (the ETC does not assess or collect a monthly fee cribers de-enrolled for non-usage by month in column N
M	N
Month	Subscribers De-Enrolled for Non-Usage
January	Subscribers De-Enrolled for Non-Usage
January February	Subscribers De-Enrolled for Non-Usage
January February March	Subscribers De-Enrolled for Non-Usage
January February March April	Subscribers De-Enrolled for Non-Usage
January February March April May	Subscribers De-Enrolled for Non-Usage
January February March April May June	Subscribers De-Enrolled for Non-Usage
January February March April May June July	Subscribers De-Enrolled for Non-Usage
January February March April May June July August	Subscribers De-Enrolled for Non-Usage
January February March April May June July	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September October	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September October November	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September October November December	Subscribers De-Enrolled for Non-Usage  Mark R. Smith
January February March April May June July August September October November December	
January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer
January February March April May June July August September October November December Signed, Signature of Officer	Mark R. Smith
January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer

Form 555

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SAC	ETC Name

Holding Company Name(s)

SAC Holding Company Name		
<u> </u>	Holding Company Name	

DBA, Marketing or Other Branding Name(s)

SAC	Name

Form 555 November 2012

# **Affiliated Wireless ETCs**

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359070	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
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389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339017339023	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC
209008	After Communications, LLC
	<u>. I</u>

# **Affiliated Wireline ETCs**

SAC	Name
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
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Form 555 November 2012

# FCC Mail Room

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Florida			
State			
	st provide a certification form for each state in which it		
provides Lifeline service).			
219903	Alltel Communications, LLC		
Study Area Code(s) (SAC)	ETC Name(s)		
2.0.2, 1.2.0. 2.0.2.(2)			
Cellco Partnership	Verizon Wireless		
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)		
Affiliated ETCs (include names and SACs,			
attach additional sheets if necessary)	See Attached		
Section 1: All ETCs (Initial the certification that app	plies to your ETC. Depending on the state, both		
certifications may apply).			
I coulify that the commons listed above has coulification	on annoughness in along to accious income and annough board		
	on procedures in place to review income and program-based		
eligibility documentation prior to enrolling a custome	• •		
	entation of each consumer's household income and/or		
	ent in Lifeline. I am an officer of the company named above.		
I am authorized to make this certification for the Study Area(s) listed above. Initial			
219903			
(List the specific SAC(s) for which you are making the	his certification if it is not applicable to all of your study		
areas within the state. Attach additional sheets if nec	essary).		
·	•		
AND/OR			
I certify that the company listed above confirms cons	sumer eligibility by relying on		
- · ·			
prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as			
	ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for		
which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an			
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial			
GOOTO. INILIAI			
(List the specific SAC(s) for which you are making the	his certification if it is not applicable to all of your study		

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Initial W

<u>Section 2:</u> All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

<u> </u>	,
A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
29	0

С	D	E =C-D	F	$\mathbf{G} = (\mathbf{E} + \mathbf{F})$	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
30	24	6	0	6	4

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555	
November 2012	
OR	
I certify that my company did not claim federal Low In (insert current year). I am an officer of the company not the Study Area(s) listed above. Initial	acome support for any Lifeline customers prior to June amed above. I am authorized to make this certification for
(List the specific SAC(s) for which you are making this areas within the state. Attach additional sheets if neces	
Section 3: All ETCs (Initial the certification below). I certify that the company listed above is in compliance officer of the company named above. I am authorized tabove. Initial	e with all federal Lifeline certification procedures. I am an o make this certification for the Study Area(s) listed
_ <del></del>	ETCs (the ETC does not assess or collect a monthly fee bscribers de-enrolled for non-usage by month in column N
M	N
M Month	N Subscribers De-Enrolled for Non-Usage
Month	
Month January	
Month January February	
Month January February March	
Month January February March April May June	
Month January February March April May June July	
Month January February March April May June July August	
Month January February March April May June July August September	
Month January February March April May June July August September October	
Month January February March April May June July August September October November	
Month January February March April May June July August September October	······································
Month January February March April May June July August September October November	
Month January February March April May June July August September October November December	Subscribers De-Enrolled for Non-Usage
Month  January February March April May June July August September October November December  Signed,  Signature of Officer	Subscribers De-Enrolled for Non-Usage  Mark R. Smith
Month  January February March April May June July August September October November December  Signed,	Subscribers De-Enrolled for Non-Usage  Mark R. Smith
Month  January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer

ETC	Ido	ntifi	catio	n
r. 1 t.	1616		CALIO	П

SAC	ETC Name	
1		

**Holding Company Name(s)** 

CAC TILL: - Company Name		
SAC	Holding Company Name	
	<u> </u>	
<del></del>		

DBA, Marketing or Other Branding Name(s)

SAC	Name

Form 555 November 2012

# **Affiliated Wireless ETCs**

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
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369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
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449003	WWC Texas RSA Limited Partnership
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199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

### **Affiliated Wireline ETCs**

SAC	Name	
115112	Verizon New England Inc.	
585114	Verizon New England Inc.	
155130	Verizon New York Inc.	
165120	Verizon New Jersey Inc.	
175000	Verizon Pennsylvania LLC	
170169	Verizon North LLC	
170170	Verizon North LLC	
170201	Verizon North LLC	
185030	Verizon Maryland Inc.	
195040	Verizon Virginia LLC	
210328	Verizon Florida LLC	
565010	Verizon Delaware LLC	
575020	Verizon Washington D.C. Inc.	
542319	Verizon California Inc.	
542302	Verizon California Inc.	
442080	GTE Southwest d/b/a Verizon Southwest	
442154	GTE Southwest d/b/a Verizon Southwest	
230864	Verizon South Inc.	
190233	Verizon South Inc.	
190479	Verizon South Inc.	
449007	MCI Communications Services Inc.	

### JAN 3 1 2013

#### FCC Mail Room

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31<sup>st</sup> (Annually)

Georgia		
State	<del></del>	
(An Eligible Telecommunications Carrier (ETC) m	ust provide a certification form for each state in which it	
provides Lifeline service).		
229004	Alltel Communications, LLC	
Study Area Code(s) (SAC)	ETC Name(s)	
Study Area Code(s) (SAC)	ETC Name(s)	
Caller D. 4 al.	17' . 177'1	
Cellco Partnership	Verizon Wireless	
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)	
Affiliated ETCs (include names and SACs,	See Attached	
attach additional sheets if necessary)	See 7 ttached	
Section 1: All ETCs (Initial the certification that a	pplies to your ETC. Depending on the state, both	
certifications may apply).		
7 11 77		
I certify that the company listed above has certificat	tion procedures in place to review income and program-based	
	ner in the Lifeline program, and that, to the best of my	
• •	* • · · · · · · · · · · · · · · · · · ·	
	nentation of each consumer's household income and/or	
· · -	nent in Lifeline. I am an officer of the company named above.	
I am authorized to make this certification for the Stu	udy Area(s) listed above. Initial	
	0	
229004		
	this certification if it is not applicable to all of your study	
areas within the state. Attach additional sheets if ne	cessary).	
AND/OR		
AND/OK		
Tandical Advances But Liberary Comme		
I certify that the company listed above confirms cor		
prior to enrolling a customer in the Lifeline program	n. (Please list the program eligibility data sources, such as	
ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for		
which qualifying programs (e.g., SNAP, SSI) these	sources are used to verify consumer eligibility). I am an	
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed		
- ·	ed to make this certification for the study Area(s) fisted	
above. Initial		
(List the specific SAC(s) for which you are making	this certification if it is not applicable to all of your study	

areas within the state. Attach additional sheets if necessary).

<u>Section 2:</u> All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial W		
A	В	
	Number of Lines Claimed on	
Number of Subscribers	May FCC Form(s) 497	
Claimed on May FCC Form(s) 497	Provided to Wireline Resellers	
1	0	

C	D	E =C-D	F	$\mathbf{G} = (\mathbf{E} + \mathbf{F})$	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
2	2	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555 November 2012		
OR		
I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial		
(List the specific SAC(s) for which you are making this careas within the state. Attach additional sheets if necessary		
Section 3: All ETCs (Initial the certification below).  I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial		
Section 4: Non-Usage Applicable to Certain Pre-Paid E from its Lifeline subscribers)(Record the number of subscibelow).	•	
M	N	
14.7	11	
Month	Subscribers De-Enrolled for Non-Usage	
Month January		
Month January February		
Month January February March		
Month January February March April		
Month January February March April May		
Month January February March April May June		
Month January February March April May June July		
Month January February March April May June July August		
Month January February March April May June July August September		
Month January February March April May June July August		
Month January February March April May June July August September October		
Month January February March April May June July August September October November	Subscribers De-Enrolled for Non-Usage	
Month January February March April May June July August September October November December Signed,	Subscribers De-Enrolled for Non-Usage  Mark R. Smith	
Month January February March April May June July August September October November December	Subscribers De-Enrolled for Non-Usage	
Month January February March April May June July August September October November December Signed,	Subscribers De-Enrolled for Non-Usage  Mark R. Smith	
Month January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer	
Month January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer	

FTC	Ide	ntifi	catio	n

SAC	ETC Name

**Holding Company Name(s)** 

SAC	Holding Company Name	

DBA, Marketing or Other Branding Name(s)

SAC	Name

# **Affiliated ETCs**

0.0	
SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC
	<u> </u>

# **Affiliated Wireline ETCs**

SAC	Name	
115112	Verizon New England Inc.	
585114	Verizon New England Inc.	
155130	Verizon New York Inc.	
165120	Verizon New Jersey Inc.	
175000	Verizon Pennsylvania LLC	
170169	Verizon North LLC	
170170	Verizon North LLC	
170201	Verizon North LLC	
185030	Verizon Maryland Inc.	
195040	Verizon Virginia LLC	
210328	Verizon Florida LLC	
565010	Verizon Delaware LLC	
575020	Verizon Washington D.C. Inc.	
542319	Verizon California Inc.	
542302	Verizon California Inc.	
442080	GTE Southwest d/b/a Verizon Southwest	
442154	GTE Southwest d/b/a Verizon Southwest	
230864	Verizon South Inc.	
190233	Verizon South Inc.	
190479	Verizon South Inc.	
449007	MCI Communications Services Inc.	

#### Received & Inspected

Form 555 November 2012

#### JAN 3 1 2013

#### FCC Mail Room

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Iowa			
State	<del></del>		
(An Eligible Telecommunications Carrier (ETC) must pr	ovide a certification form for each state in which it		
provides Lifeline service).			
Coo Attached	Can Augaba d		
See Attached	See Attached		
Study Area Code(s) (SAC)	ETC Name(s)		
See Attached	Verizon Wireless		
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)		
Affiliated ETCs (include names and SACs,			
attach additional sheets if necessary)	See Attached		
under duamerial breess y necessary)			
Section 1: All ETCs (Initial the certification that applies	s to your ETC. Depending on the state, both		
certifications may apply).			
I certify that the company listed above has certification p	<del>_</del>		
eligibility documentation prior to enrolling a customer in	• •		
knowledge, the company was presented with documentar			
program-based eligibility prior to his or her enrollment in			
I am authorized to make this certification for the Study A	am authorized to make this certification for the Study Area(s) listed above. Initial		
Con Auraha I			
See Attached			
(List the specific SAC(s) for which you are making this of			
areas within the state. Attach additional sheets if necessor	ury).		
AND/OR			
MUJOR			
I certify that the company listed above confirms consume	er eligibility by relying on		
prior to enrolling a customer in the Lifeline program. (Pl	_ , , ,		
ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an			
officer of the company named above. I am authorized to	• • • • • • • • • • • • • • • • • • • •		
above. Initial			
71			

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

()	
A	В
	Number of
	Lines
	Claimed on
Number of	May FCC
Subscribers	Form(s) 497
Claimed on	Provided to
May FCC	Wireline
Form(s) 497	Resellers
8	0

C	D	E =C-D	F	$\mathbf{G} = (\mathbf{E} + \mathbf{F})$	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
8	7	1	0	1	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555 November 2012	
OR	
	ncome support for any Lifeline customers prior to June named above. I am authorized to make this certification for
(List the specific SAC(s) for which you are making this areas within the state. Attach additional sheets if necessity	s certification if it is not applicable to all of your study essary).
Section 3: All ETCs (Initial the certification below). I certify that the company listed above is in compliant officer of the company named above. I am authorized above. Initial	te with all federal Lifeline certification procedures. I am an to make this certification for the Study Area(s) listed
	d ETCs (the ETC does not assess or collect a monthly fee abscribers de-enrolled for non-usage by month in column N
M	N
B# 4b	
Month	Subscribers De-Enrolled for Non-Usage
January	Subscribers De-Enrolled for Non-Usage
January February	Subscribers De-Enrolled for Non-Usage
January February March	Subscribers De-Enrolled for Non-Usage
January February March April	Subscribers De-Enrolled for Non-Usage
January February March April May	Subscribers De-Enrolled for Non-Usage
January February March April May June	Subscribers De-Enrolled for Non-Usage
January February March April May June July	Subscribers De-Enrolled for Non-Usage
January February March April May June July August	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September October	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September	Subscribers De-Enrolled for Non-Usage
January February March April May June July August September October November	
January February March April May June July August September October November December Signed,	Mark R. Smith
January February March April May June July August September October November December	
January February March April May June July August September October November December Signed, Signature of Officer	Mark R. Smith
January February March April May June July August September October November December Signed,	Mark R. Smith
January February March April May June July August September October November December  Signed,  Signature of Officer  Exec Dir-Operations	Mark R. Smith Printed Name of Officer

# **ETC Identification**

SAC	ETC Name	
359010	Midwest Wireless Iowa, LLC	
359070	RSA 7 Limited Partnership	
359071	Iowa 8 - Monona Limited Partnership	

**Holding Company Name(s)** 

SAC	Holding Company Name
359010	Cellco Partnership
359070	N/A
359071	N/A

DBA, Marketing or Other Branding Name(s)

SAC	Name	
359010	Verizon Wireless	
359070	Verizon Wireless	
359071	Verizon Wireless	